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From : Stacy L. Taylor

Date : January 31, 2005

Client/Matter No : 041673-2053

User ID No : 3054

MESSAGE:

Re: US Patent Application No. 10/039,078
Our Ref.: 041673-2053

Attached please find:

- Transmittal (2 pgs.);
- Preliminary Amendment (6 pgs.);
- Response to a Restriction Requirement (3 pgs.);
- Authorization to charge Deposit Account No. 50-0872 any fees due.

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JAN 31 2005

Atty. Dkt. No. 041673-2053

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tuszynski, Mark H.

Title: METHODS FOR THERAPEUTIC
USE OF BRAIN DERIVED
NEUROTROPHIC FACTOR IN
THE ENTORHINAL CORTEX

Appl. No.: 10/039,078

Filing Date: 12/31/2001

Examiner: Anne Marie Falk

Art Unit: 1632

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this paper is being facsimile transmitted to the
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Germaine Sarda
(Printed Name)
Germaine Sarda
(Signature)

January 31, 2005
(Date of Deposit)

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following:

 Preliminary Amendment (6 pages). Response to a Restriction Requirement (3 pages). The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	18	-	20	= 0 x \$50.00	= \$0.00
Independent Claims:	1	-	3	= 0 x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+	\$360.00	= \$0.00
			CLAIMS FEE TOTAL	=	\$0.00

023.265643.1

Atty. Dkt. No. 041673-2053

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Stacy L Taylor

Date January 31, 2005

By _____

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